



Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:

Dipti Patel, DC
6660 Airline Dr.
Houston, TX 75076

MFDR Tracking #: M4-08-3788-01

DWC Claim #

Injured Emp

Respondent Name and Box #:

SUA Insurance Co.
Rep. Box # 17

Date of Inju

Employer N

Insurance C

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "The carrier miskeyed in the number of units for this procedure code."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Total Amount Sought - \$102.40

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...the Carrier has agreed to pay for the services at issue in this matter. The services will be paid at the amount requested on the Table of Disputed Services."

Principle Documentation:

1. DWC 60 package

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	CPT Code(s) and Calculations	Denial Codes	Part V Reference	Amount Due
8-7-07	97546-WH (3 hrs.)	Z710	1-3	\$102.40
Total Due:				\$102.40

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline*, (MFG), effective August 1, 2003, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "Z710-The charge for this procedure exceeds the fee schedule allowance."
2. On 4-8-08, the Division contacted the Requestor's representative, Shelley Dalton, that verified services remain unpaid and in dispute.
3. Rule 134.202(e)(5)(A)(ii) and (e)(5)(C) indicates that for a non-CARF accredited work hardening program the

1991-1992

1993-1994

1995-1996

1997-1998

1999-2000

Requestor should bill using CPT codes 97545-WH and 97546-WH and the MAR will be 80% of \$64.00/hr. = \$51.20. The Requestor billed for six (3) hours of work hardening on the disputed date; therefore, reimbursement is \$51.20 X 6 hrs. = \$153.60. The insurance carrier paid \$51.20. The difference between amount paid and due = \$102.40.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES


Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1, Section. 134.202
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to additional reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$102.40 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER / DECISION:


Authorized Signature


Medical Fee Dispute Resolution Officer

4-22-08
Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

1. 1961-1962

2. 1963-1964

3. 1965-1966